PTO/SB.06 (08-03)
Approved for use through 7/31/2008, OMB 0551-0002
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
If to a collection of information uniters it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD  Application of Do										an or Doctort Nor	mber	
Substitute for Form PTO-875												
CLAIMS AS FILED - PART I (Codumn 1) (Codumn 2)							SMALL E	ттти	OR	OTHER		
F	OR.	NUMBE	NUMBER FILED		HUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 OFR 1.14	estal la	12	29					\$	<b>OR</b>		<u>:</u>	l
TOTAL CLA	MS	1 29	criters 20	1.9		1	x 9		ok	x 8•	762	æ
OF CFR 1.10	ENT CLASKS	77	9 / crimes 3 -		8		x 8*		OR	x \$	440	
G7 CFR 1.18(0)) / minus 3 * CFR 1.18(0)) MULTIPLE DEPENDENT CLAIM PRESENT (C7 CFR 1.18(d))							+3=		OR	+10		00
" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	1572	4
CLAIMS AS AMENDED - PART II												
(Column 1) (Column 2) (Column 3)							SMALL	NTITY	OR		R THAN ENTITY	
₹ W	16/04	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	] ,
	rotal	AMENDMENT_	Minus	29	·		x 8		OR	X 8 =	500	þ/
9	endent ratios	2	Mires	- 11	5		× 4*		] or	X.8		4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (SP CFR 1.98(6))							+1		J oR □	+8=		,
						•	TOTAL ADDL FEE		OR	ADDL FEE	307	*
(Column 1) (Column 2) (Column 3)									_		·	┨.
85/	14/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
劉一	Total	· 19	Minus	- 29	-0	1	x &		OR	х 9=	<u>.                                    </u>	1
1	penderit Fit 1.1800	. / 3	Minus	- 11	()	]	× 4 •		OR	x.4	<b></b> _	4
FREST PRESENTATION OF MULTIPLE DEPOSITION CLASS (37 CFR 1.16(4))							+3 •	<u> </u>	OR			4
						_	TOTAL ADD'L FEE		OR.	ADDL FEE		4
hu		(Column 1)		(Column 2)	(Cotumn 3)	_			-			4
		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PARFOR	PRESENT EXTRA	$\left. \right $	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE /	
AMENDMENT	Total	AMENOMENT	Minus	1-20	- /		x \$=		Z 08	x 8e	1/	4
	SPERITURES SPERITURES CFR L14000	1. m/	Minus	1-91	- //	]	x s=		] or	x 8•	<del>//_</del>	4
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 37 CFR C18(0)						+8 =	$\perp \angle$	_ ca	2070	<u> </u>	4
							TOTAL ADD'L FEE	<u> </u>	_] oa	ADOL FEE		4
the endry in column 1 is less than the entry in column 2, write "0" is column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												
	he 'Highest	Number Provious	ay Paid For Paid For	r in i pub spak (Total or Indep	enden() is the high		st mumber found	in the approp	state box t	ookma 1.		ب

The "rightest Number Powloasty Pald For" (Total or Independent) is the highest number tound in the appropriate box in column 1.

This offiction of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSPIC) to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. The editection is estimated to take 12 minutes to complete this process, and process, and examining gathering, preparing, and examining the completed this form and/or suggestions for reducing his burden, should be sent to the Chief information Officer, U.S. Petient on the emount of the you require to complete this form and/or suggestions for reducing his burden, should be sent to the Chief information Officer, U.S. Petient and Tadebrank Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.